

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-879)**

10

SEARCHED NO. **1531621** FILED DATE **9-14-05**  
APPLICANT

**CLARMS**

	AS FILED		AFTER RE-ARRANGEMENT		AFTER RE-ARRANGEMENT			AS FILED		AFTER RE-ARRANGEMENT		AFTER RE-ARRANGEMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						